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# BOROUGH OF WREXHAM



THE  
ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
AND THE  
CHIEF PUBLIC HEALTH INSPECTOR

1962



BOROUGH OF WREXHAM.

HEALTH DEPARTMENT.

THE

A N N U A L R E P O R T

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

CHIEF PUBLIC HEALTH INSPECTOR.

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BOROUGH            OF            WREXHAM.

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PUBLIC            HEALTH            COMMITTEE.

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Chairman    ...    ...    ...    ...	Councillor W.H. Evans.
Vice-Chairman    ...    ...    ...	Councillor Dr. L. Wise.
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Councillor J.G. Lindsay.	Councillor B. Williams.
Councillor C.H. Livingstone.	Councillor Mrs. L. Wise.

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S T A F F   O F   T H E  
H E A L T H   D E P A R T M E N T   F O R   1 9 6 2

HARRY SUMMERS.   M.Sc., M.B., Ch.B., D.P.H.	- Medical Officer of Health.
A. MCCARTNEY.   F.A.P.H.I.	- Chief Public Health Inspector and Abattoir Superintendent.
B. JONES.   M.R.S.H., M.A.P.H.I.	- Deputy Chief Public Health Inspector.
G.J. REES.   M.R.S.H., M.A.P.H.I.	- Additional Public Health Inspector.
C.S. WENSLEY.   M.A.P.H.I.	- Additional Public Health Inspector.
G. KEELING.	- Additional Public Health Inspector.
R.N. SQUIRE.	- Articled Pupil Public Health Inspector.
E.T. CREWE.	- Articled Pupil Public Health Inspector.

Clerical Staff to the Health Department.

MISS M.B. PARRY.

MISS M.M. PARRY.

MISS B. BEAKS.

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WREXHAM.

(Tel. No. Wrexham 2103).





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Mr. Cadeirydd, Foneddigesau a Boneddigion,

Diolchaf am y freint o gael cyflwyno fy ail adroddiad ynglyn â iechyd Fwrdeisdref Wrecsam am y flwyddyn 1960.

Ni fû'n flwyddyn hawdd, a bu'n rhaid i'r Pwyllgor Iechyd wneud amryw benderfyniad anodd a phwysig. Fû amryw o achosion o afiechydion heintus. Bu trafod hir a bwd ar gwestiwn ffliworeiddio dŵr y dre; ac ni fû i'r gaeaf caled anglyffredin a garsen wneud gwaith yr adran yn haws.

Yn y lle cyntaf hoffwn sôn am ein hamgylchedd sydd trwy amryw, a dirgel ffyrdd in sicr o gael effaith ddwfn ar iechyd. Gall y dŵr a yfwn a'n bwyd fod yn foddion cario microbau sy'n achosi gwahanol glefydau. Gall cyflwr ein tai ac awyr amhur gael effaith ddrwg ar y corff. A'r un modd gall cyflwr ac amodau gwaith effeithio'n ddifrifol ar iechyd.

Gwelwn oddiwrth adroddiad y Peirianydd Dŵr fod y sylw manwl a roi'r i gyflwr y dŵr yn y Fwrdeisdref yn sicrhau cyflenwad hollol foddhaol. Y mae rheolau manwl ynglyn ac amodau gwaith a diogelwch yn y ffatrioedd, ynghyd â swyddogion arbennig i'w harolygu.

Mae cwestiwn awyr bur yn ddigon pwysig i haeddu sylw arbennig yn fy adroddiad. Erys dau bwynt i ddelio â hwy yma - cyflwr tai ac afiechydion a achosir gan fwydydd.

Pery'r angen am ragor o dai. Gallwn ymfalchio bod y slymiau gwaethaf wedi diflannu. Ond dengys nifer y tai sy'n llaith neu'n rhy fychan, eraill wedi eu cynllunio'n wael, ac amryw heb gyflenwad dŵr na baddwn, fod eto le i wella. Gellir gwneud llawer i wella'r sefyllfa trwy foddion swyddogol megis grantiau, neu os yn fwy addas eu tynnu i lawr.

Rhoi'r y sylw dyladwy erbyn hyn i'r ochr gymdeithasol. Mae achosion o ddau neu dri teulu yn ceisio cyd-fyw dan yr un tŷ, ac yn methu, yn rhyniferus a gwn am amryw i wraig ifanc dan straen nerfol oherwydd gorfod byw gyda'r yng-nghyfraith o dan amgylchiadau truenus ond anochel.

Mae amryw o'r siopau mewn cyflwr boddhaol, gyda'r cynllunio a'r offer mwyaf modern. Mae grym digonol yn y rheolau cyfreithiol a gafwyd yn ystod y blynyddoedd diwethaf. Eto, yn ystod y flwyddyn cafwyd nifer o achosion o ddolur y perfedd a achosi'r gan ddiffyg glanweithdra wrth ddelio â bwydydd. Y staff sy'n aml yn feius a

rhaidd iddynt sylweddoli bod angen safon uchel o londid personol yn orfodol wrth ddelio â bwydydd. Gallwn ddarparu ar eu cyfer, ond mae'r defnydd â wnant o'r cyfleusterau yn dibynnu arnynt hwy. Sylwais yn ddiweddar mewn siop o'r radd flaenaf yn y dref, ar un o'r staff yn pigo'r trwyn, yna'n archwilio'r tu mewn i'w hesgid ac heb feddwl am olchi'r dwylo yn mynd yn syth i dorri caws. Trueni fod y ferch hon ac eraill tebyg iddi yn rhy ben galed i geisio deall a sylweddoli mor bwysig yw glendid personol.

Cafwyd nifer o achosion o werthu pastai wedi llwydo. Bron yn ddifeth cawn fod y pastai wedi bod yn y siop am beth amser. Mae'n haws rhoi stoc newydd ar y tu blaen, ac yn lle eu cylchdroi, gwerthu y rhain a gadael y rhai hŷn y tu ol heb eu gwerthu hyd nes y bydd y stoc newydd wedi mynd. Dyma arferiad hollol anghyfrifol.

Tuedda rhai i gredu ohcrwydd y disgyniad aruthrol yn nifer yr afiechydon heintus yn ystod y deugain mlynedd diwethaf, nad oes llawer o berygl o'u herwydd. Rhoddaf ddau esiampl i ddangos mor beryglus ac anghyfrifol yw syniad o'r fath. Yn mis Mawrth, bu dau deulu o Wrecsam mewn cysylltiad agos â'r Frech Wen yn Ne Cymru; gwyliwyd hwy'n ofalus ac yn ffodus iawn ni fu datblygiad pellach. Yna yn ystod yr haf, bu achos o'r Polio mewn plentyn ysgol. Eto cymerwyd camau arbennig a fu'n foddion i atal lledaeniad.

Hoffwn wneud un sylw yma ynglyn ag amddiffyn y corff rhag y Polio. Hyd fis Ebrill, yr arfer oedd rhoi tair chwystryllen o firws wedi eu lladd. Yna cymerwyd cam pellach, a rhoi firws byw, ond wedi ei wanhau mewn ffordd arbennig. Rhwir hwn ar lwy de, ac yn ddiau mae'n hwylusach ac yn ragoriaeth ar yr hen ddyll, er bod tuedd mewn ambell i faban i'w wrthod neu ei daflu'n ôl, ac mae'n amheus wedyn a gawsent ddigon o'r firws i symbylu amddiffyniad digonol.

Hoffwn gymeryd y cyfle hwn i ddiolch yn gynnes i'r oll o'r staff am eu cydweithrediad a'u cymorth. Rhwi enwi'n arbennig Mr. Arthur McCartney, y Prif Swyddog Iechyd. Bu ei adnabyddiaeth lwyr o'r safle leol, ei fedr a'i farn y gellir bob amser ddiwynnu arni, yn gymorth nid bychan i mi yn ystod fy mlwyddyn gyntaf yn Wrecsam. Braint yw tystio i swyddog mor arbennig.

Cawsom golled fawr yn marw disyfyd y Cynghorydd C.H. Livingstone, a theimlwn eisiau ei gyngor parod yn y Pwyllgor Iechyd. Croesawn y Cynghorydd Whitehall, a dymunwn yn dda iddo.

Gan fod fy ngwybodaeth o'r iaith Gymraeg yn gyfyngedig cytunodd y Dr. Alwyn Griffith i gyfieithu'r Adroddiad, ac mae fy nyled iddo yn fawr

Ydwyf, Eich ufudd Was,

HARRY SUMMERS.

Swyddog Meddygol.

Tai cefn wrth gefn gyda rwbwl yn bentwr wrth ddwrws y ffrynt, a'r dŵr yn brin oedd eiddo ein cyn deidiau. Bŵr deddfu a fŷ yn ystod y ganrif ddiwethaf yn foddion i sicrhau i'w disgynyddion yn y ganrif hon fwyd a dŵr o safon uchel, gwell tai i fyw ynddynt a chyfundrefn garthffosiaeth foddhaol. Hyd y deng mlynedd diwethaf ni wnaethpwyd nemor ddim i ymgodymu a phroblemau amhur yr awyr. Bu beirniadu llym ar y Ddeddf Awyr Bur a ddaeth i rym yn 1956, a rhôf yma grynodeb or pwnc i gyfarwyddo'r Cynghorwyr.

Yn gyntaf, beth yw'r cynhyrchion sy'n llygru'r awyr? Y mae pedwar prif rai - mwg, nwy gwenwynig, llwch (yn arbennig felly o ddefnyddio tanwydd pwdr, megis yn y gorsafoedd trydan), a sulphur; a phrif ffynhonnellau'r cynhyrchion hyn yw diwydiant, tanwydd tai, moduron a thrennau stêm. Yna teg yw gofyn beth yw eu heffaith? Nid rhaid ond cymharu adeiladau a thyfiant mewn tref ac yng nhefn gwlad i weld eu heffaith andwyol. Gwyddom oll am ganlyniad y niwl trwchus 'Y Smog' ar y da byw yn y Sioe Amaethyddol yn Llundain yn 1952. Wrth gwrs ein problem ni fel Pwyllgor Iechyd yw yr effaith a gânt ar iechyd dyn a'i deulu. Nid mater hawdd yw profi'r cyswllt rhwng awyr amhur ac afiechyd. Gwyddom bod anhwylderau'r gwddf a'r ysgyfaint yn fwy cyffredin mewn tref ddiwydiannol nag yn y wlad, ond nid yw ffaith fel hon yn ddi ei hun yn profi dim; ac yn anffodus nid oes ystadegau digon pendant i brofi bod mwy o afiechyd mewn tref nag yng nhefn gwlad.

Rhaid felly ddibynnu ar ystadegau sicr, megis nifer y marwolaethau o wahanol afiechydon. Yn ddiau y mae'r nifer ar y cyfan yn uwch yn y trefi mawrion nag ydynt yng nhefn gwlad. Gellir dadleu mai ffactorau eraill megis peryglon diwydiant sy'n gyfrifol am hyn, a rhaid felly cymharu tebyg â thebyg. Er engraifft gallwn gyffelybu dinasoedd diwydiannol mawrion Lerpwl, Manceinion a St. Helens, a rhai fel Bryste, Derby a Sheffield. A chawn fod nifer y marwolaethau yn y tair cyntaf a enwyd yn uwch nac ydynt yn Mryste, Derby a Sheffield, lle mae'r gwyntoedd ffafriol a'r bryniau uchel yn fwr rhag y mwg.

Mae'r casgliad yr un mor gywir pan ystyriwn afiechydon unigol i megis bronceitis. Dyma un afiechyd sy'n ffynnu mewn amgylchedd niwlog a myglyd. Yn Glasgow yn 1959 bu 78 o bob 100,000 o'r boblogaeth farw o bronceitis. Yng Nghaeredin lle mae llai o ddiwydiant y ffigwr oedd 49. Yn nhref Inverness lle mae'r awyr yn gymharol lân bu 21 farw o bob 100,000, ac yng ngweddill y Sir roedd y ffigwr i lawr i 16. Dyma'r gymhariaeth - pum gwaith mwy o farwolaethau o'r bronceitis yn Glasgow nag yn Sir Inverness.

Tebyg yw'r ffigyrau i Gymru a Lloegr. Er engraifft o bob miliwn o ddynion rhwng 45 a 64 oed yn byw yn rhan ddiwydiannol Sir Gaerhir yn 1953, bŵ 1,880 farw o'r bronceitis. Yng nghefn gwlad y Sir bu 720, llai na'r hanner, farw o'r un afiechyd. Y nifer yng nghefn gwlad de Cymru a Lloegr yn yr un cyfnod oedd 550.

Mae nifer y marwolaethau o'r darfodedigaeth a llid yr ysgyfaint yn llawer uwch "yng ngwlad y mwg ar pyllau glo", ffaith bellach i gynnal ein damcaniaeth.

Mae canlyniadau niwl trwchus, smog, yn ddigon gwybyddus ac hefyd y ffaith mai yn y trefi mawrion diwydiannol eu gwelir. Ac yn eu sgil daw codiad dychrynllŷd yn nifer y marwolaethau.

Ceisiwyd yn yr adroddiad yma gyfyngu'r drafodaeth i ffeithiau y gellir eu profi. Ni cheisiwyd dadansoddi'r ffeithiau i ddangos mai unrhyw ran arbennig o'r cynnyrch, sy'n halogi'r awyr, sy'n gyfrifol. Ceisiwyd yn hytrach ddangos yn syml bod cyswllt pendant rhwng awyr amhur ac afiechyd.

Gwyddom fod llosgi glo yn hytrach na math arall o danwydd di-fwg sy'n halogi'r awyr yn achosi afiechyd cäs a marw cyn amser amryw o'n cyd-ddynion. A oes gennym ni hawl i barhau i wneud hyn? Mae hwn yn gwestiwn moesol ac mae'r feddyginiaeth yn eglur.

PUBLIC HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my second Annual Report, which relates to the health of the Borough of Wrexham, for the year 1962.

The year has not been altogether a quiet one, and during it, the Health Committee has had to make a number of difficult, but important, decisions. There have been outbreaks, or threats of outbreaks, of infectious disease. The problem of fluoridation of water supplies has had to be fully discussed in Committee and Council. A dreadfully severe winter has had its repercussions on the work of the Health Department.

I would first wish to comment upon our environment, for there are so many ways in which our surroundings may transmit disease. Water and food may transmit the organisms which cause disease, bad housing may contribute its share to the development of illness, impure air may potentiate lung disease, and unsatisfactory working conditions may have a very deleterious effect indeed on health. Of these factors, water is very satisfactorily controlled indeed, and the report of the Water Engineer later in this issue shows clearly that a continuous and competent watch is kept on the purity of our water supplies. There are detailed official regulations, and an enforcing inspectorate, to supervise working conditions and safety in our factories. Clean air is so important a matter that I have discussed it as a separate topic later in this report. There remain two matters to enlarge upon here, housing and food borne disease.

Not everybody in the Borough is, by a long way, satisfactorily housed. Yet progress has been made, and as compared with many other towns, it can be said that the worst of the slums have been dealt with in Wrexham. Undoubtedly there are still a fair number of houses in the Borough which are damp, or too small, or awkwardly designed, and which lack amenities such as hot water, an inside lavatory, and a bath. There is plenty of opportunity for official action in the form of improvement grants, or where necessary, of demolition. But most of the worst houses have been dealt with. More and more nowadays, the social aspects of housing problems are coming to the fore. There are very numerous instances where a house is fairly modern and in reasonable condition, but is occupied



by two or more families, who may or may not be related, but who cannot in any case, live in harmony with each other. One sees too many instances of young wives on the verge of mental breakdown because they or their spouse are not accepted by their in-laws, with whom perforce they have to live. Many a one has burst into tears in my office as she described the misery that an arrogant and thick skinned father or father-in-law, or a surly and unco-operative husband has brought her.

A number of minor outbreaks of food borne disease have occurred during the year. The standard of design and of equipment of Wrexham food shops is on the whole, rather above the average of the country: many have been re-designed internally and excellently equipped. Recent regulations have provided local authorities with adequate legal powers, and the remaining weak point in the link now is the human one. Staff must be taught to have high hygienic standards, and they must use such standards of their own volition for it is not possible to have an inspector overshadowing them all the time. We can provide good washing facilities for them but the use of such facilities depends on the staff themselves. A visit to the lavatory inevitably leads to some contamination of the hands, yet there appears to be an inbuilt and ineradicable resistance of some people to washing their hands afterwards, and it is then that the organisms of disease are added to food. As an illustration of bad habits of some assistants, when in a good class shop in Wrexham, I have watched the girl assistant first pick her nose, then take off her shoe and examine the interior, then cut and weigh out some cheese without any hand washing at all. The fault in many cases, lies not with the proprietor, who takes a great pride in his establishment, but in the unwillingness of the staff to improve.

There have been some instances during the year when mouldy pies or other food has been sold. Investigation has shown that the food has been in the shop for some time: the stock has not been rotated, but fresh stocks have been put in front and sold first, and only when supplies were depleted was the old stock drawn upon and sold. Such conduct shows a sad lack of social responsibility. A small minority of shop-keepers unfortunately regard their customers as victims to be milked rather than people to whom they have a responsibility.

The incidence of infectious disease in general has fallen so precipitously during the last twenty years that one is apt to think that such diseases no longer offer any significant dangers. But warning voices have said that though serious infectious diseases are now rare, it was no more than dormant, and there was always the possibility that epidemics might yet break out once again. There were two reminders of the correctness of this latter view



during the year. In March, two Wrexham families on a visit to South Wales, came into direct contact with smallpox sufferers during the incubation period of the disease. They were carefully watched, but fortunately nobody developed the disease: had smallpox developed, the Health Department would have been quite busy!! In the late summer, a child developed poliomyelitis: again preparations were made to cope with an epidemic lest this should prove the herald of a storm.

During the year, good progress was made in building up an excellent County Mental Health Service. One should note also the change made in April, from poliomyelitis immunisation given by injection to the use of a protective vaccine of living, but weakened virus given by mouth. The latter has theoretical advantages in leading to an improved immunity, but practical disadvantages in that quite a number of small children take it with reluctance and bring it up again, contaminating their clothes and the room with live virus, and leaving one in some doubt as to whether a sufficient dose to protect has, in fact, been retained.

In writing this address, I welcome the opportunity to thank my staff for the ever-willing competent and prompt assistance which they so cheerfully give me. My first full year in Wrexham, has underlined the special mention which I must make of Mr. Arthur McCartney, our Chief Public Health Inspector. He has placed at my disposal in full his knowledge of local conditions, and this together with his sound judgement, discretion and tact, and on occasions even a shoulder upon which to weep, has enabled me to obtain the credit for the smooth running of the department, which in reality is due to his efforts. I am glad to pay tribute to an outstanding public servant.

We all greatly mourn the sudden and untimely death of Councillor C.H. Livingstone. The loss of him as a person leaves a gap in our days, and the absence of his sound common sense makes our Health Committee decisions that much more difficult to reach. In his place we welcome Councillor W. Whitehall and wish him well.

And finally, as my knowledge of the Welsh language is very limited indeed, the extent of my debt to Dr. Alwyn Griffith, for the translation into Welsh, is only too apparent.

I beg to remain,

Your obedient Servant,

HARRY SUMMERS.

Medical Officer of Health.

#### SECTION IV. CLEAN AIR - A PROBLEM IN PUBLIC HEALTH.

Legislation over the last century and a half has taken in all our environment, and provided for the purity of water and food, for sewage disposal and refuse collection, and for improving the quality of houses, so that we do not, as our early Victorian ancestors did, dwell in back to back houses, with a pile of refuse and sewage in the street outside, buying water in limited quantities from a travelling cart, as one now buys milk. The last feature of our environment to be dealt with legislatively is the air we breathe, and this has been tackled effectively only in recent years. Criticisms have been made of the intentions of the Clean Air Act, and the Act has even been described as a swindle, and a short review of the subject will be given here for the information of Councillors.

Firstly one may ask what passes into the air? There are four main types of product, smoke, poisonous gases such as carbon monoxide, grit and dust especially where pulverised fuel is used as in electrical power stations, and sulphur dioxide. These products are derived again from four main sources, industry, domestic chimneys, railway engines and motor vehicles.

Secondly one may ask, what harm if any, do these products cause? There is no doubt that buildings are harmed, for one has only to compare the appearance and duration of life of town buildings with those in the country to agree with this view, and the same comparison can be made for vegetation. And the fate of the prize cattle taken to the London show ring, and caught in the London fog, is well known. But these are not public health problems important though they are. We are here concerned with the effects on the health of humans. Ideally to discover the effects of fuel products on man we should compare the frequency of illness, technically called the morbidity, between town and country, but unfortunately our records are not good enough for us to do this. Catarrh, sinusitis and coughs are commoner in towns than in the country, but one would hesitate to draw conclusions from the unsatisfactory records available.

One must, therefore, study the statistics that are reasonably accurate, that is, the death rates from various diseases. There is no doubt that mortality in general is higher in towns than in the countryside. It may be argued the increased mortality in towns is not due to impure air, but rather to such factors as overcrowding, poor ventilation, industrial hazards and so on, and certainly these factors will contribute to higher death rates. One must, therefore, compare like with like. The industrial towns of Liverpool, St. Helens, and Manchester, resemble those of Bristol, Derby and Sheffield. Yet the former group, where the atmosphere of the residential areas

is contaminated, has a higher mortality than has the latter group, where the residential areas are protected from excess smoke by the prevailing winds and the hills.

And these conclusions, which are for overall mortality rates, apply if single diseases such as bronchitis are considered. This disease predominates where the atmosphere is contaminated. Thus in 1959, 78 out of every 100,000 people in Glasgow died from bronchitis, in Edinburgh with less industry 49 in every 100,000, in Inverness Borough, with its clean atmosphere, only 21 in 100,000, and in Inverness County, only 16 in each 100,000 died from bronchitis. Five times as many deaths from bronchitis, proportionally to population, in Glasgow town than in Inverness County!!

Similar figures for death rates due to bronchitis are obtainable for England and Wales. Thus in 1953, of every million men aged 45 to 64 in industrial Lancashire, 1,880 died from bronchitis. In the same period and amongst the same age group of men, of every million, only 720 or less than half as many, died in the rural areas of North Lancashire, whilst in the rural areas of southern England and Wales, the death rate fell to 530 per million men.

These findings of the ill effects of an impure atmosphere are illustrated also in the increased death rates for lung tuberculosis and pneumonia which occur in smokey areas.

The effects of fog, and of how this leads to an alarming excess of deaths, is well known. And real fog, as opposed to mist, is a feature of towns only and not of rural areas.

An attempt has been made here to limit the discussion to proven facts. I have not discussed whether the increased mortality is, or is not, due to sulphur dioxide, or to smoke particles, or to any other particular constituent of a polluted atmosphere. I have tried to show quite simply that the more contaminated is the atmosphere, the greater are the number of deaths. The moral question is raised, why should we, because it is more convenient to burn coal rather than other fuels, condemn a number of our fellow men to long continued illness and a limited duration of life? The remedy is obvious.

## SECTION V. INTRODUCTION TO THE STATISTICAL PART OF THE REPORT.

Wrexham is the largest town in Wales, outside of the County of Glamorgan, and covers an area of 2,916 acres. It is both an industrial and market town. Most of the industries are just outside the town itself, but draw much of their labour force from Wrexham. The major industries include coal mining, iron and steel production, celanese production, surgical dressings, chemicals and tanning. Not only do many people for some distance around use the town as a shopping centre, but there is also a busy cattle market and a well equipped abattoir.

The Population of the Borough has grown considerably in recent years as the table shows.

<u>Year.</u>	<u>Population.</u>	<u>Actual Increase on Previous Year.</u>	<u>Natural Increase on Previous Year.</u>
1946.	27,800 (Estimate).	2,130	226
1951.	30,940 (Estimate).	470	164
1956.	32,810 (Estimate).	480	257
1961.	35,427 (Census Figure).	2,837	315
1962.	35,800 (Estimate).	373	346

The Rateable Value of the Borough of Wrexham in April, 1962 was £444,659, and the product of a penny rate for 1962-3 was £1,800. Revaluation has brought the rateable value for April, 1963 to £1,179,946, and the estimated product of a penny rate for 1963-4 to £4,675.

Houses. There were 10,805 inhabited houses in December, 1962. Of these 5,233 were Corporation houses. Wrexham, where about half the houses are owned by the Borough, has one of the highest proportions of such houses in the country. The density of persons per house was 3.3

## SECTION VI. BIRTHS, INFANTS AND MOTHERS.

The Vital Statistics for this section of the report follow.

### Live Births.

There were 712 live births during the year, being 41 more than in 1961. These births were distributed as follows:-

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate live births	...	372	301	673
Illegitimate live births	...	21	18	39
		<hr/>		
Total live births	...	393	319	712
		<hr/>		

The 712 live births would give a crude birth rate of 19.9 per 1,000 of population. Such a crude rate is misleading, for a town with many young people will show a higher birth rate than will a town of the same size with a greater number of older people. Wrexham has more young people than an average town of its size, and allowing for this, the corrected birth rate is 18.7 per 1,000 population.

Illegitimate live births formed 5.5% of total live births, a figure higher than the 2.9% of last year, but still considerably below the average for England and Wales.

### Stillbirths.

There were 16 stillbirths during the year, 5 less than in 1961. These births were distributed as follows:-

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate stillbirths	...	6	10	16
Illegitimate stillbirths	...	-	-	-
		<hr/>		
Total stillbirths	...	6	10	16
		<hr/>		

The Stillbirth Rate is thus 2.2 per 1,000 total live and stillbirths.

### Total Births.

By adding together live and stillbirths, the total number of births in 1962 is found to be 728, distributed thus:-

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Total legitimate births	...	378	311	689
Total illegitimate births	...	21	18	39
Total of all births	...	399	329	728

### Infant Deaths.

There were 16 infants who died before reaching their first birthday compared with 9 in 1961. These deaths were distributed thus:

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Deaths of legitimate infants	...	9	5	14
Deaths of illegitimate infants	...	1	1	2
Total of all infant deaths	...	10	6	16

### Infantile Mortality Rate.

The total infant death rate per 1,000 total live births was 22.5. The legitimate infant death rate per 1,000 legitimate live births was 20.8. The illegitimate infant death rate per 1,000 illegitimate live births was 51.3.

### Neo-natal Mortality Rate.

Of the 16 infants who died in their first year, 11 died within the first month of life. Of these 11 infants, 8 were boys and 3 girls. Thus the Neo-natal Mortality Rate, or the death rate of infants in their first month of life was 15.4 per 1,000 total live births.

### Early Neo-natal Mortality Rate.

Of the 11 infants who died within the first month of life, 8 actually died within the first week of life, thus the Early Neo-natal Mortality Rate, or the death rate of infants in their first week of life, is 11.2 per 1,000 total live births.

### Peri-natal Mortality Rate.

This figure gives an indication of the hazards of being born, and includes all stillborn children together with all the deaths occurring during the first week of life. There were 24 such deaths, 11 in boys and 13 in girls, giving a Peri-natal Mortality Rate of 33.0 per 1,000 total live and stillbirths.

### Maternal Mortality (including abortions).

There were 2 deaths associated with childbirth during 1962, and none due to abortion, so that the Maternal Mortality Rate was 2.7 per 1,000 total live and stillbirths. One death was due to blockage of the blood vessels in the lungs (pulmonary embolism) by products of the conception, following a Caesarian delivery. The other death was also due to a similar blockage (pulmonary embolism), but in this instance by a blood clot from infected leg veins, which was a direct result of pregnancy and delivery.

### Commentary on Section VI.

### Infantile Mortality Rate.

The most dangerous period of childhood, and the period carrying the highest mortality, is the first year of life. During that period, the majority of deaths occur during the first month, and of that month, the first week carries the highest risk. In other words, being born is a great strain to an infant, and if there is any weakness or abnormality in the child, then the balance may be tipped against survival. The longer the period since birth, the more firmly established the infant appears to be.

The age at death and the cause of death of the 16 infants who failed to reach their first birthday is given in the next table.

AGE AT DEATH.	SEX.	CAUSE OF DEATH.
40 minutes.	M.	Atelectasis. (Collapse of lungs).
3 hours.	M.	Atelectasis and premature birth.
1 day.	M.	Premature birth.
2 days.	F.	Atelectasis and premature birth.
3 days.	M.	Cerebral haemorrhage, haemorrhagic disease of the new born, and premature birth.
3 days.	M.	Premature birth.
3 days.	F.	Heart failure due to congenital heart disease (i.e. inborn structural abnormalities of the heart) and lumbar meningocele (i.e. abnormality of the



AGE AT DEATH.	SEX.	CAUSE OF DEATH.
6 days.	F.	of the structures surrounding the lower part of the nervous system). (This child died from the effects of multiple structural abnormalities). Pulmonary haemorrhage, haemorrhagic disease of the new born, and premature birth.
1 week.	M.	Premature birth.
2 weeks.	M.	Uraemia due to renal failure (i.e. failure of the kidneys) and haemorrhagic disease of the newborn.
2 weeks.	M.	Infection of the lungs and meconium ileus (i.e. paralysis of the intestines).
1 month.	F.	Gastro enteritis.
2 months.	M.	Toxaemia due to bronchiolitis (i.e. lung infection).
2 months.	F.	Following an operation to relieve structural abnormalities of the heart and large blood vessels.
5 months.	M.	Misadventure: asphyxia by bed clothes when lying in his pram.
7 months.	F.	Acute streptococcal broncho-pneumonia.

Deaths in the first few days were in the main due to premature births and to collapse of the lungs. Deaths in the latter half of the first year were due chiefly to infections or accidents. We need to have much more medical knowledge than we possess at present to prevent the earlier deaths. The problem in the later deaths is much more a social and educational one, for infections and accidents are less common in children living under better social conditions.

The Stillbirth Rate for Wrexham has in the past been rather higher than for the country as a whole, but this year has taken a welcome drop to a rate equivalent to 21.9 stillbirths per 1,000 births (Live and Still). This rate approaches the rate of 18.1 for England and Wales as a whole. One hopes the lower rate will continue in Wrexham in future years, but caution must be observed, for low rates have occurred in the past, to be followed later by higher rates, as the following table shows:-



YEAR.	No. of Stillbirths.	Rate per 1,000 Live and Stillbirths.	Rate per 1,000 Population.
1951.	20	36.9	0.6
1952.	10	17.2	0.3
1953.	15	28.1	0.46
1954.	15	27.0	0.46
1955.	14	25.7	0.43
1956.	11	18.9	0.33
1957.	17	28.1	0.53
1958.	15	24.5	0.5
1959.	14	21.1	0.4
1960.	20	33.2	0.6
1961.	21	30.3	0.6
1962.	16	21.9	0.4

As was stated in last year's report, there is tentative, but not definite evidence, that stillbirths and premature births occur more often to mothers who have had some years of unsatisfactory nutrition. If this is so, the problem becomes a social as well as a medical one.

Finally one should note a slight setback to the gradual decrease of infantile mortality rates. There has been a rise during 1962, after two successive years showing a considerable fall. The rates since 1951 are given in the next table.

YEAR.	Deaths per 1,000 live births.	YEAR.	Deaths per 1,000 live births.
1951.	28.7	1957.	27.2
1952.	35.02	1958.	26.8
1953.	32.9	1959.	30.8
1954.	18.6	1960.	18.9
1955.	30.18	1961.	13.4
1956.	22.8	1962.	22.5

# SECTION VII. DEATHS.

Of Borough residents, 366 died during the year, an increase of 10 on the previous year's figure. Of these 189 were Males and 177 were Females, giving a crude death rate of 10.22 per 1,000 population.

This crude death rate is a misleading figure however, for it is inevitably higher in a town with many old people, though the town be healthy, and is lower where there are many young people, even though the environment be unsatisfactory. The corrected death rate for Wrexham, adjusting for variations of sex and age as compared with the country as a whole is 12.47 per 1,000 population. The figure for the country as a whole is 11.9, so that Wrexham is slightly worse off than Britain taken as a whole.

The Registrar General's Return of causes of death for Wrexham for 1962 follows:-

<u>Causes.</u>		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
1. Tuberculosis, respiratory	... ..	3	1	4
2. Tuberculosis, other	... ..	-	-	-
3. Syphilitic disease	... ..	1	-	1
4. Diphtheria	... ..	-	-	-
5. Whooping Cough	... ..	-	-	-
6. Meningococcal Infection	... ..	-	-	-
7. Acute Poliomyelitis	... ..	-	-	-
8. Measles	... ..	-	-	-
9. Other infective and parasitic diseases	... ..	-	-	-
10. Malignant neoplasm, Stomach	... ..	6	4	10
11. Malignant neoplasm, Lung, Bronchus	... ..	10	1	11
12. Malignant neoplasm, Breast	... ..	-	11	11
13. Malignant neoplasm, Uterus	... ..	-	2	2
14. Other malignant and lymphatic neoplasms	... ..	24	20	44
15. Leukaemia and aleukaemia	... ..	2	-	2
16. Diabetes	... ..	1	-	1
17. Vascular lesions of nervous system	... ..	29	29	58
18. Coronary disease, angina	... ..	37	21	58
19. Hypertension with heart disease	... ..	2	1	3
20. Other heart disease	... ..	16	28	44
21. Other circulatory disease	... ..	4	6	10
22. Influenza	... ..	2	-	2
23. Pneumonia	... ..	8	17	25

<u>Causes.</u>				<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
24.	Bronchitis			9	5	14
25.	Other diseases of the respiratory system	...	...	2	-	2
26.	Ulcer of stomach and duodenum	...	...	4	1	5
27.	Gastritis, enteritis and diarrhoea	...	...	-	1	1
28.	Nephritis, nephrosis	...	...	2	1	3
29.	Hyperplasia of prostate	...	...	3	-	3
30.	Pregnancy, childbirth, abortion	...	...	-	2	2
31.	Congenital malformations	...	...	-	3	3
32.	Other defined and illdefined diseases	...	...	17	14	31
33.	Motor vehicle accidents	...	...	3	-	3
34.	All other accidents	...	...	4	8	12
35.	Suicides	...	...	-	-	-
36.	Homicide and operations of war	...	...	-	1	1
				189	177	366

#### Commentary on Section VII.

Last year I commented that infectious disease is no longer, as it was for so many centuries, the commonest cause of death. The figures for Wrexham, as for the country generally, show that the majority of deaths are now due to cancer, to diseases of the lungs, and to diseases of the heart and blood vessels.

It is instructive to examine these causes in more detail. Last year cancer of the lung was much the commonest of the cancers which caused death in Wrexham; this year it is only just so, but the fall is to be regarded as fortuitous, and next year's figures may unfortunately be expected to show the more usual proportions. The frequency with which particular parts of the body are affected is shown in the next table.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Stomach ... ..	6	4	10
Lung and Bronchus ... ..	10	1	11
Breast ... ..	-	11	11
Uterus ... ..	-	2	2
Others ... ..	24	20	44
	<hr/> 40	<hr/> 38	<hr/> 78

Heart and blood vessel diseases can be similarly classed into its varieties.

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Disease of blood vessels of the brain ...	29	29	58
Angina and diseases of the blood vessels of the heart.	37	21	58
High blood pressure with heart disease ...	2	1	3
Other heart and blood vessel disease ...	20	34	54
	<hr/> 88	<hr/> 85	<hr/> 173

and finally diseases of the lungs may be classified

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
T.B. Respiratory... ..	3	1	4
Pneumonia ... ..	8	17	25
Bronchitis ... ..	9	5	14
Influenza ... ..	2	-	2
Other diseases of the lungs ...	2	-	2
	<hr/> 24	<hr/> 23	<hr/> 47

Last year I wrote fully on the causes of cancer, in so far as we know about them, and in this report, I now want to bring out only one point. Eleven deaths occurred from lung cancer, and it is known beyond any possible doubt that cigarette smoking is an important factor in its development. If you don't smoke at all, you might develop lung cancer, but the chance is very small indeed. The more cigarettes you do smoke, the greater is the risk.

Angina and diseases of the blood vessels of the heart led to 58 deaths. The cause of these diseases is poorly understood, but there is good evidence that sedentary occupations, and lack of sufficient exercise, are contributory, and it is possible also that overeating, especially of food rich in fat, and work done under mental stress, play a part. But it is also quite certain that smoking here again exerts its harmful effects; the smoker is more likely to develop angina, to develop it earlier, and to have it more severely.

Of lung diseases, tuberculosis is now of limited importance, and pneumonia is often the final end point in the prolonged enfeeblement and deterioration of old people. The most important problem of lung disease now is bronchitis, which causes invalidism and reduction of earning power in the productive years of life, and may end in premature death. Something has been said about this condition earlier in the report: one point, however, needs to be mentioned here, the accumulating evidence that cigarette smoking is incriminated. The disease is seldom seen in men who have never smoked. In an extensive investigation in Scotland for instance, of men aged 56-64, as many as 18% of the heavy smokers had bronchitis, compared with 14% among light smokers, 4% among ex-smokers, and nil among non-smokers. And similar conclusions of the importance of smoking have been drawn from investigations in London, Newcastle, and Birmingham. There are other factors contributing to the development of bronchitis, such as smoke, occupation, poverty, but whatever they are, smoking makes things worse.

The moral of all this is clear, smoking is a dangerous pastime. One would anticipate that some curb would be placed on those who seek, for their own profit, to advocate it. Precedents exist: it is forbidden by law to advertise cures for cancer and venereal disease. It is said that the scales are equal, everybody knows advertising for what it is, and nobody is bound to listen. But are the scales in fact equal? On the one hand immense resources, and all the formidable technical skill and knowledge of mass persuasion which exists today. On the other hand, we see adolescents, possibly not too bright, nor too well educated, feeling their feet, and desperately anxious to be adult. Advertisers have restrained themselves to the extent that they limit television advertising before

9.0 p.m. But they make up for it after then, for if anything, the total time on smoking advertising has increased. In the press, advertising of all kinds increased by 7% during the months January to June, 1962, as compared with the same period in 1961; but tobacco advertising in the press increased by 63% when these two periods are compared. In all, £10 million are spent each year on cigarette advertising, and £20 million on tobacco advertising generally. Against this, the Ministry of Health spends £12,000 a year on anti-smoking propaganda, £4,000 has been spent on making an anti-smoking film, and local authorities have spent another £10,000. £26,000 against £20 million: or approaching a thousand times as much money spent on pro advertising as on anti, to say nothing of the relative advertising skills available to the two sides. It would be extreme folly to prohibit cigarette sales and smoking: we cannot forget the prohibition period of alcohol in America. Nevertheless although a lot can be done about cigarette advertising, the Government tells us that this problem is so difficult that they cannot see the solution. One is tempted to ask if cynicism can go further?

## SECTION VIII. INFECTIOUS DISEASES.

There were 244 notifications of infectious diseases in 1962, compared with 618 in 1961, but the apparent fall is due to an epidemic of measles in 1961. This epidemic occurs in alternate years, and 1962 was the good year in between. Measles, in fact, gave rise to 538 cases in 1961, but only 175 cases in 1962. Infectious disease other than measles produced 69 notifications in 1962, and 80 in 1961, so that the difference between the years is not very great for those other diseases.

Diphtheria and whooping cough are infections against which the majority of children are immunised. The efficacy of this protection is shown by the absence of any diphtheria notification in Wrexham since 1950, and the notification of only 6 cases of whooping cough in 1962, none of which were fatal.

Poliomyelitis is one of the few infectious diseases which are now more common, but there is an effective vaccine against it. One notification of poliomyelitis, without any known contacts, was received during the year.

Dysentery and food poisoning are also more common, 24 and 2 cases being notified respectively, compared with 9 and 1 for 1961. But there is good reason to believe that notifications are incomplete, and many cases do not come to official notice.

The following table lists the notifications of infectious diseases which were received during 1962.

DISEASE.	Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 44	45 to 64	65 Plus.	TOTAL.
Smallpox	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	3	1	-	-	-	-	4
Pneumonia	-	-	-	-	-	1	1	-	2
Erysipelas	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-
Poliomyelitis	-	-	1	-	-	-	-	-	1
Encephalitis Lethargica	-	-	-	-	-	-	-	-	-
Dysentery	1	5	3	5	2	8	-	-	24
Typhoid & Paratyphoid	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	13	-	-	13
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-
Measles	8	33	73	57	3	1	-	-	175
Whooping Cough	-	2	3	1	-	-	-	-	6
Food Poisoning	-	-	-	-	-	-	1	1	2
Tuberculosis, Pulmonary	-	-	1	2	-	3	7	2	15
Tuberculosis, Other	-	-	-	1	-	1	-	-	2
TOTALS	9	40	84	67	5	27	9	3	244

and expressed as rates per 1,000 of population, notification and death rates are shown in the next table.

DISEASE.	Rates per 1,000 Population.			
	NOTIFICATIONS.		DEATHS.	
Dysentery	24	0.7	-	-
Typhoid	-	-	-	-
Paratyphoid	-	-	-	-
Meningococcal Infection	-	-	-	-
Scarlet Fever	4	0.1	-	-
Whooping Cough	6	0.2	-	-
Diphtheria	-	-	-	-
Erysipelas	-	-	-	-
Smallpox	-	-	-	-
Measles	175	4.9	-	-
Pneumonia	2	0.06	25	0.7
Acute Poliomyelitis				
Acute Paralytic	1	0.03	-	-
Acute Non-paralytic	-	-	-	-
Tuberculosis, Pulmonary	15	0.4	4	0.1
Tuberculosis, Other	2	0.06	-	-
Food Poisoning	2	0.06	-	-



Tuberculosis. This disease affects predominately the poorer and less well nourished, that is in times of mass unemployment the younger age groups especially girls, and in the times of plenty, the older age groups whose income has fallen.

In 1962, there were 15 notifications of pulmonary tuberculosis in Wrexham, almost the same as in 1961 when there were 17. The next table shows the age and sex distribution.

	0-1	1-4	5-24	25-34	35-44	45-54	55-64	65 Plus
No. of male cases	-	-	2	-	2	-	5	2
No. of female cases	-	1	1	-	-	2		-
TOTAL CASES	-	1	3	-	2	2	5	2

Two cases of tuberculosis in organs other than the lung were notified during the year. The next table shows the age and sex distribution.

	0-1	1-4	5-24	25-34	35-44	45-54	55-64	65 Plus
No. of male cases	-	-	1	1	-	-	-	-
No. of female cases	-	-	-	-	-	-	-	-
TOTAL CASES	-	-	1	1	-	-	-	-

The number of cases and deaths, and the rates of each per 1,000 population is given in the next table. It will be seen that the death rate has fallen more dramatically than the incidence rate; effective drugs for treatment are available, but there is still much to be done to reduce the incidence of the disease. What is needed is a further attack on poverty and under-nutrition.

YEAR.	No. of Cases.	Case Rate Per 1,000 Population.	No. of Deaths.	Death Rate per 1,000 Population.
1951.	17	0.6	8	0.3
1952.	46	1.4	4	0.1
1953.	50	1.5	5	0.2
1954.	31	0.9	6	0.2
1955.	24	0.7	1	0.03
1956.	20	0.6	1	0.03
1957.	23	0.7	4	0.1
1958.	14	0.4	3	0.09
1959.	27	0.8	2	0.06
1960.	27	0.8	6	0.2
1961.	17	0.5	3	0.08
1962.	15	0.4	4	0.1

The following table shows the number of cases on the Tuberculosis Register on the 1st January, and 31st December, 1962.

	PULMONARY.			NON-PULMONARY.		
	Male.	Female.	Total.	Male.	Female.	Total.
1st January, 1962.	136	103	239	15	23	38
31st December, 1962.	136	94	230	14	24	38

# SECTION 1X. IMMUNISATION AND VACCINATION.

## Triple Antigen.

Triple Antigen, which protects against diphtheria, whooping cough and tetanus, is now used as a routine, and the other protective materials, which protect against only one or two of these diseases, are used only if there is some special indication for their employment.

The table shows the number of children protected against one or more of these diseases.

	Initial Protection.			Booster Protection.	
	0 - 1	2 - 4	5 - 15	0 - 4	5 - 15
Triple Antigen	362	66	1	225	-
Diphtheria and Whooping Cough only	9	2	-	-	-
Diphtheria protection alone.	1	6	-	-	88

The next table shows how diphtheria and whooping cough have become rarer, as the number of children immunised has increased.

YEAR.	No. of children immunised against diphtheria and whooping cough.	No. of cases of diphtheria notified.	No. of cases of whooping cough notified.
1953.	248	-	111
1956.	429	-	35
1959.	326	-	66
1961.	590	-	11
1962.	440	-	6

No case of diphtheria has been notified in Wrexham since 1950.

### Poliomyelitis Vaccination.

On April 1st, 1962, the use of oral or Sabin vaccine was introduced, and the injected or Salk vaccine was thereafter used only when there was some special need for its employment. Those who had received injected vaccine in earlier years were offered a booster dose of oral vaccine.

The number receiving protection against poliomyelitis is shown in the next table.

No. vaccinated by 2 injections or 3 oral doses of vaccine.						
Age	0 - 1	2 - 4	5 - 14	15 - 25	25 - 40	Over 40
	196	171	32	26	126	42

No. receiving 1 oral booster dose after 2 injections - 2,082

No. receiving 1 oral booster dose after 3 injections - 324

### Smallpox Vaccination.

The smallpox outbreak in South Wales in the spring of 1962, led throughout Britain to an increased request for smallpox vaccination by adolescents and adults, and this is reflected in the following figures.

No. Vaccinated for the first time.				No. Re-vaccinated.			
Age	0 - 1	2 - 4	5 - 15	15 plus.	0 - 4	5 - 15	15 plus
	330	113	281	448	-	92	528

SECTION X.HOUSING.

The number of people applying for Council houses, on the books in December, 1962, is shown in the next table.

Now Living in Apartments.

Apartments within the Borough	-	538
Apartments outside the Borough	-	<u>26</u>
		<u>564</u>

Householders.

Living within the Borough	-	321
Living outside the Borough	-	<u>56</u>
		<u>377</u>

Total - 941.

Details of Slum Clearance progress are given in the Chief Public Health Inspector's Report.

SECTION XI.

EXERCISE OF FUNCTIONS UNDER THE  
PUBLIC HEALTH ACTS, 1936 and 1961.

1. Water Supply.

I am obliged to Mr. H. Seddon, B.Sc., M.I.C.E., M.I.W.E., Engineer to the Wrexham and East Denbighshire Water Company, for the following report on the water supply.

- (a) The water supply in the area has been satisfactory both in quality and quantity.
- (b) The Company had bacteriological examinations made on 34 samples of water supplied to Wrexham during 1962. All the results were satisfactory except one and, in this one case, bad sampling technique was suspected as the water had been double chlorinated and de-chlorinated.
- (c) The only raw waters having plumbo solvent action are from the moorland gathering grounds which are treated at Gronwen and Legacy. The pH of these waters are, however, corrected by dosing with sodium carbonate and the water, as supplied into the district, has no plumbo solvent action.
- (d) All new mains are chlorinated and bacteriological tests made before being brought into service. If the bacteriological report is unsatisfactory, then the main is re-chlorinated and further samples taken. This procedure is repeated until a satisfactory result has been obtained.
- (e) Premises supplied direct - 12,065.  
Premises supplied by standpipe - Nil.

2. Sewerage and Sewage Disposal.

The extensions to the Five Fords Sewage Works completed in 1961, and the new main drainage scheme for the north eastern side of the Borough, are now working well. Nevertheless the further increase in population, and the changing nature of the sewage because of new industrial techniques, have made it necessary for the Health Committee to consider, as a matter of urgency, the adoption of yet further improvements to the sewage system.

3. Registered Common Lodging Houses.

There are no registered common lodging houses in the Borough.

## SECTION XII. THE PROVISION OF HEALTH SERVICES.

### 1. INFANT WELFARE CLINICS.

There are four infant welfare centres in the Borough, giving a total of six afternoon sessions each week. At the clinics, babies and children are checked to see that they are making good progress, and any questions which mothers wish to bring up, are dealt with in a leisurely and unhurried manner; but should treatment be necessary, the children are referred to their family practitioners. The object of a welfare clinic is to prevent disease, and so is complimentary to the work of the family doctor.

All immunisation procedures are freely available at the centre, and infant foods are sold at reduced prices.

The clinics are held on the following days:-

Gatefield, Kings Mills Road	- Monday afternoon.
No. 1, Grosvenor Road	- Monday and Wednesday afternoon.
Garden Village Institute, Kenyon Avenue	- Wednesday afternoon.
Queen's Park	- Monday and Thursday afternoon

2. ANTE-NATAL CLINICS are held at the Maternity Unit of the Maelor General Hospital, on Tuesday, Wednesday and Thursday mornings. Relaxation classes are held by appointment at the 1, Grosvenor Road Clinic and at Queen's Park Clinic. These have been found very helpful indeed by many expectant mothers, enabling them to approach their lying in period less worried and feeling adequately prepared. Post-natal exercise classes are also held at these clinics.

3. FAMILY PLANNING CLINIC. This clinic is run by the Family Planning Association, a voluntary organisation, in rooms provided by the Health Department at 1, Grosvenor Road, on Thursday afternoons. A lady doctor is in attendance. The Association is a voluntary organisation, not subsidised by official bodies, but their fees are as low as circumstances permit, and are reduced or even waived for those unable to pay the standard amount.

4. DENTAL CLINICS are held at 1, Grosvenor Road and Queen's Park Clinic as follows:-

No. 1, Grosvenor Road.

Maternal & Child Welfare patients - Monday.

Fillings ... .. - Monday, Wednesday  
& Friday.

Orthodontics.. ... .. - Alternate Tuesdays  
& every Thursday.

Casual attenders ... .. - Tuesday & Friday.

Queen's Park Clinic.

Fillings ... .. - Monday, Tuesday,  
Wednesday & Friday.

Casual attenders ... .. - Thursday.

5. OTHER CLINICS.

Speech Therapy Clinics are held weekly at 1, Grosvenor Road, Gatefield and the Queen's Park Clinic by appointment.

Ophthalmic Clinics are held at 1, Grosvenor Road, as needed.

Orthopaedic Services. The diagnosis and after-care treatment of orthopaedic cases is carried out at the Wrexham and East Denbighshire War Memorial Hospital, supplemented by institutional treatment at the Robert Jones and Agnes Hunt Orthopaedic Hospital, Gobowen.

A Venereal Disease Clinic is held in the Out-patient's Department of the War Memorial Hospital.



SECTION XIII.

ANNUAL REPORT

OF THE

CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1962.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Seventeenth Annual Report on the work of the Public Health Inspectors' Department.

For the third successive year I must record the arrival of a new Medical Officer of Health. Dr. Harry Summers took up his appointment on March 1st, and the Staff joined me in extending a warm welcome to him.

There were no other staff changes during the year, and in consequence, the work of the Department has continued smoothly. The survey of properties for a second Smoke Control Area was nearing completion towards the end of the year, and it is hoped that the submission of our No. 2 Smoke Control Order will be undertaken in the near future. This should have a marked impact in the Borough, as it will cover an area of 226 acres and affect nearly 900 premises.

The standard of housing continues to improve, and steady, if somewhat slower progress, has been maintained in the clearance of unfit houses. The trend in the future should be towards a faster rate of housing improvement, and the necessary steps are being taken to try and bring this into effect.

I would express my thanks to you, Mr. Chairman, and to all the Members of the Health Committee for your guidance during the year. I am grateful to Dr. Summers and other Officers of the Council for their help, and once again, I must express my indebtedness to my Staff for their work during the year.

I am,  
Mr. Chairman, Ladies & Gentlemen,  
Your obedient Servant,

A. McCARTNEY.

# TABULATED SUMMARY OF SANITARY ADMINISTRATION. ---

Total No. of Inspections made	...	...	...	...	9,220
Total No. of Complaints received...	...	...	...	...	761
Total No. of Notices served	...	...	...	...	274
Total No. of Interviews with owners etc..	...	...	...	...	639

## ATMOSPHERIC POLLUTION.

No. of smoke observations made	...	...	...	...	55
No. of visits made	...	...	...	...	1,194
No. of Notices served (Informal)...	...	...	...	...	3
No. of deposit gauges sited in the Borough	...	...	...	...	1

The average monthly deposit of soot etc. for the past three years is as follows:-

	<u>1960.</u>	<u>1961.</u>	<u>1962.</u>
Parish Church Site	... 12 tons.	11 tons.	10 tons.

An important advance in the Council's efforts towards a cleaner atmosphere was marked during the year, when the first Smoke Control Order became operative on August 1st. This affected about 450 premises in the town centre, covering an area of just over 50 acres. This has proved a most useful exercise in smoke control administration, and useful information has been obtained which will prove of great value in the future.

The survey of the second proposed smoke control area was well on the way to completion by the end of the year, and, as it will deal with 875 dwellings in an area of 226 acres, it will be appreciated that this will be a major step forward in the implementation of the Clean Air Act. This should give cause for satisfaction, particularly when it is realised that Wrexham is not included in the provisional list of 325 local authorities classed as "black areas" by the Ministry of Housing and Local Government. At the beginning of 1962, Wrexham was one of only 37 local authorities in England and Wales, outside the "black areas", who were taking action to establish smoke control areas.

The information and publicity given in the local press during the year concerning the Council's clean air activities, has resulted in a large number of enquiries at the Health Department. A surprising number of householders are now keen to install smokeless appliances, and they have been most disappointed when informed that no financial assistance is available in advance of confirmed smoke control orders.

Notwithstanding previous pronouncements by the Ministry of Housing and Local Government, I am still very strongly of the opinion that the provisions of the Clean Air Act should be amended to allow for the payment of grant to the growing number of citizens who are anxious to co-operate in the campaign towards a cleaner atmosphere.

### DISINFESTATION.

No. of complaints received ... 136.

A variety of infestations were investigated during the year, dealing with bed bugs, houseflies, cluster flies, earwigs, wasps, caterpillars, ants and silverfish. Bed bugs are becoming much less of a problem, and only eight Council houses were found to be infested.

There was a time when infestation complaints made to the Health Department were confined to bugs and flies, but there has been a tendency during the past few years to request our assistance in the eradication of almost anything that crawls or flies. A considerable amount of time, materials and money is now devoted to this work, which would be considerably lessened if householders themselves would take prompt action in the early stages of infestation.

### CINEMAS AND PLACES OF ENTERTAINMENT.

No. of inspections made	...	...	...	...	...	15
No. of Informal Notices served	...	...	...	...	...	-
No. of Notices complied with	...	...	...	...	...	-

### CLOSETS.

Cleansed and limewashed	...	...	...	...	...	-
No. of water-closets repaired or reconstructed	...	...	...	...	...	11
No. of flushing cisterns repaired or renewed	...	...	...	...	...	10
No. of new water-closet pans or pedestals	...	...	...	...	...	12
No. provided with supply of water	...	...	...	...	...	10
Light and ventilation improved	...	...	...	...	...	1

### COMMON LODGING HOUSES.

No. on Register	...	...	...	...	...	...	Nil.
-----------------	-----	-----	-----	-----	-----	-----	------

### DRAINS.

Drains constructed or reconstructed	...	...	...	-
Repaired or cleansed...	...	...	...	26
New inspection chambers	...	...	...	-
Ventilated	...	...	...	2
Gillies provided or renewed..	...	...	...	4
New sinks provided	...	...	...	8
Sink waste pipes repaired or renewed	...	...	...	6
Soil and ventilating pipes repaired or renewed	...	...	...	1

### FACTORIES (EXCLUDING BATHHOUSES).

No. of Factories in District (Mech.)	...	...	...	188
No. of Factories in District (Non-Mech.)	...	...	...	50
No. of inspections made	...	...	...	62
No. of contraventions found..	...	...	...	2
No. of contraventions remedied	...	...	...	2
No. of contraventions outstanding at end of year	...	...	...	-

### INFECTIOUS DISEASES ENQUIRIES.

No. of investigations carried out..	...	...	...	171
No. of specimens submitted for examination	...	...	...	194
No. of premises disinfected	...	...	...	14

### OFFENSIVE TRADES.

No. of businesses in District	...	...	...	5
No. of inspections made	...	...	...	7
No. of contraventions found..	...	...	...	-
No. of contraventions remedied	...	...	...	-
No. of contraventions outstanding at end of year	...	...	...	-

### RODENT CONTROL.

No. of complaints received of rat infestation..	...	...	102
No. of premises found to be infested	...	...	126
No. of complaints received of mice infestation	...	...	134
No. of premises found to be infested	...	...	124
Total number of visits made	...	...	2,556
No. of sewer treatments carried out	...	...	3

### REMOVAL OF HOUSEHOLD REFUSE.

No. of new dustbins provided by Statutory action ...	32
--	----

### SANITARY DEFECTS REMEDIED.

#### Dampness.

No. of roofs renewed or repaired ... ..	48
No. of eavesgutters and rainwater pipes repaired or renewed..	44
Yard surfaces repaired or relaid ... ..	2

#### Other Work.

No. of walls repaired... ..	10
No. of walls rendered or repointed.. ..	14
No. of ceilings repaired ... ..	2
No. of floors repaired.. ..	7
No. of chimney stacks repaired or rebuilt ... ..	3
No. of firegrates repaired or renewed ... ..	5
Damp proof courses provided and dampness remedied ...	13
No. of doors and windows repaired or renewed ... ..	44
Rooms cleansed .... ..	-
Offensive accumulations removed ... ..	5
Sufficient water supply provided ... ..	5
Staircases repaired or renewed ... ..	-
Nuisances from animals abated ... ..	-

### SWIMMING BATHS AND POOLS.

No. of Swimming Baths in the District ... ..	1
No. of samples taken (Bacteriological) ... ..	13
No. of samples satisfactory... ..	13

### TENTS, VANS, SHEDS, ETC.

No. of inspections made ... ..	37
No. of contraventions found... ..	-

### WATER SUPPLY.

No. of samples taken for Analysis... ..	15
No. of samples satisfactory .... ..	14

## WELL WATER.

No. of samples taken	...	...	...	...	...	15
No. of samples satisfactory	...	...	...	...	...	13

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## H O U S I N G.

### REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES.

No. of dwelling-houses where defects were remedied in consequence of informal action by the Local Authority or their Officers	...	...	...	...	84
---	-----	-----	-----	-----	----

### ACTION UNDER STATUTORY POWERS DURING THE YEAR.

#### (A) Proceedings under the Public Health Acts.

##### Public Health Act, 1936.

##### Section 93.

- |     |   |   |     |     |     |     |     |    |
|-----|---|---|-----|-----|-----|-----|-----|----|
| (1) | No. of outstanding Notices carried over from previous<br>year   | ...                                     | ... | ... | ... | ... | ... | 8  |
| (2) | No. of dwelling-houses in respect of which Abatement<br>Notices were served requiring defects to be remedied. |   |     |     |     |     |     | 28 |
| (3) | No. of dwelling-houses in which defects were<br>remedied after service of Formal Notices:-                    |   |     |     |     |     |     |    |
|     | (a)   | By Owners                               | ... | ... | ... | ... | ... | 31 |
|     | (b)   | By Local Authority in default of owners | ... |     |     |     |     | -  |
| (4) | No. of Notices outstanding at end of year...  | ...                                     |     |     |     |     |     | 5  |

##### Section 45.

- |     |  |     |     |     |     |     |     |    |
|-----|--|-----|-----|-----|-----|-----|-----|----|
| (1) | No. of outstanding Notices carried over from previous<br>year  | ... | ... | ... | ... | ... | ... | 1  |
| (2) | No. of dwelling-houses in respect of which Notices<br>were served requiring defective water-closets to<br>be repaired... | ... | ... | ... | ... | ... | ... | 13 |

- (3) No. of dwelling-houses where defective water-closets were repaired after service of Formal Notices:-
- |     |   |     |     |     |     |     |     |    |
|-----|---|-----|-----|-----|-----|-----|-----|----|
| (a) | By Owners                               | ... | ... | ... | ... | ... | ... | 11 |
| (b) | By Local Authority in default of owners | ... |     |     |     |     |     | -  |
- (4) No. of Notices outstanding at end of year... 3

Section 39.

- (1) No. of outstanding Notices carried over from previous year ... 3
- (2) No. of dwelling-houses in respect of which Notices were served for the renewing or repairing of existing drains ... 30
- (3) No. of dwelling-houses where the existing drains were renewed and cleansed:-
- |     |   |     |     |     |     |     |     |    |
|-----|---|-----|-----|-----|-----|-----|-----|----|
| (a) | By Owners                               | ... | ... | ... | ... | ... | ... | 27 |
| (b) | By Local Authority in default of owners | ... |     |     |     |     |     | -  |
- (4) No. of Notices outstanding at end of year... 6

Public Health Act, 1961.

Section 17.

No. of Notices served	...	...	...	...	...	1
No. of Notices complied with	...	...	...	...	...	1

Section 138 and Water Act, 1945. Section 30.

- (1) No. of dwelling-houses in respect of which Notices were served requesting Owner to provide water supply in pipes ... 1
- (2) No. of dwelling-houses in which water supply was provided after service of Formal Notices:-
- |     |   |     |     |     |     |     |   |
|-----|---|-----|-----|-----|-----|-----|---|
| (a) | By Owners                               | ... | ... | ... | ... | ... | 1 |
| (b) | By Local Authority in default of owners | ... |     |     |     |     | - |
- (3) No. of Notices outstanding at end of year... -

(B) Proceedings under Sections 9 and 10 of the Housing Act, 1957.

- (1) No. of dwelling-houses in respect of which Notices were served requiring repairs ... .. -
- (2) No. of dwelling-houses which were rendered fit after service of Formal Notices:-
- (a) By Owners... .. -
- (b) By Local Authority in default of owners... .. -

(C) Proceedings under Sections 16 and 17 of the Housing Act, 1957.

- (1) No. of dwelling-houses in respect of which Notices were served under Section 16 ... .. 1
- (2) No. of dwelling-houses in respect of which Demolition Orders were made ... .. -
- (3) No. of dwelling-houses demolished in pursuance of Demolition Orders ... .. -
- (4) No. of dwelling-houses in respect of which Closing Orders were made ... .. -
- (5) No. of dwelling-houses closed in pursuance of Closing Orders... .. -
- (6) No. of dwelling-houses rendered fit in consequence of Undertaking given by Owner ... .. -
- (7) No. of dwelling-houses in respect of which Undertaking from owners accepted not to re-let houses for human habitation. ... .. -
- (8) No. of Local Authority owned houses certified unfit by Medical Officer of Health ... .. -
- (9) No. of Local Authority owned houses demolished in pursuance of Medical Officer of Health's Certificate. 1

(D) Proceedings under Section 18 of the Housing Act, 1957.

- (1) No. of separate tenements or underground rooms in respect of which Closing Orders were made ... .. -



(2) No. of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... .. -

(E) Housing Act, 1957. Overcrowding.

(1)	(a)	No. of dwellings overcrowded at the end of the year..	...	...	...	...	...	...	...	} Not Known.
	(b)	No. of families dwelling therein	...	...	...	...	...	...	...	
	(c)	No. of persons dwelling therein	...	...	...	...	...	...	...	

(2) No. of new cases of overcrowding reported during the year... .. 6

(3)	(a)	No. of cases of overcrowding relieved during the year	...	...	...	...	...	...	54
	(b)	No. of persons concerned in such cases	...	...	...	...	...	...	217

(4) Particulars of any cases in which dwelling-houses again became overcrowded after the Local Authority had taken steps for the abatement of overcrowding. Not Known.

CLEARANCE OF UNFIT HOUSES.

Two Compulsory Purchase Orders, involving 22 houses and 70 persons were submitted to the Minister of Housing and Local Government during the year. 95 houses were demolished and 76 persons were rehoused as a result of action taken during previous years. Since the clearance of unfit houses was resumed, action has been taken in respect of 814 houses and 2,765 persons.

IMPROVEMENT OF HOUSES.

During the year the Minister of Housing and Local Government issued an important Circular (42/62) to local authorities in which he stated that he wanted to see a very big increase in the number of houses being improved. The Minister also suggested a number of ways by which the problem might be tackled by local authorities. One of these, an approach to owners in selected areas, has already been undertaken in the Borough. The Minister's views have received the very careful consideration of the Council, and the Public Health Department is co-operating closely with the Borough Surveyor in a survey of houses considered suitable for improvement.

It is true to say that the improvement of houses continues at too leisurely a pace, although there would appear to be a slight acceleration in the number of applications being received in Wrexham. Since 1949, applications for 125 discretionary grants and 119 standard grants had been made; 10 and 35 respectively of these were received during 1962.

#### THE RENT ACT, 1957.

Details of work during the year are as follows:-

No. of Applications for Certificates of Disrepair (Form I) ...	-
No. of Decisions not to issue Certificates ...	-
No. of Proposals to Issue (Form J) ...	-
No. of Undertakings received (Form K)...	-
No. of Certificates of Disrepair issued (Form L) ...	-
No. of Cancellations applied for (Form M) ...	-
No. of Cancellations issued. ...	-

#### SUPERVISION OF FOOD SUPPLIES.

In general the food traders in the town continue to maintain a high standard of food hygiene.

The undermentioned table gives details of the number and type of food premises within the Borough, and the number of inspections made during the year.

	<u>No. in</u> <u>district.</u>	<u>No. of</u> <u>inspections made.</u>
Bakehouses ...	20	55
Butchers' Shops. ...	42	89
Cafes, Restaurants and Snack Bars ...	24	42
Dairies and Milk Shops ...	35	52
Fried Fish Shops ...	16	9
Fruit and Greengrocers ...	45	43
General Provision Shops ...	107	142
Hotels and Public Houses ...	53	76
Ice-Cream Premises ...	139	46
Wet Fish Shops.. ...	10	28
Cake Shops ...	15	49
Sweet Shops ...	43	51

During the year, 992 condemnation certificates were issued by the Public Health Inspectors, and the following canned and other foods were condemned as unfit for human consumption.

Tinned Foods	4,749 $\frac{3}{4}$ lbs.	Ice-Cream	1 $\frac{3}{4}$ lbs.
Fats	3 $\frac{1}{2}$ lbs.	Fish	145 lbs.
Lentils	22 lbs.	Cake	93 $\frac{1}{4}$ lbs.
Cheese and Cheese Bits	54 lbs.	Pork Sausages	13 $\frac{3}{4}$ lbs.
Spaghetti Bolognese	19 $\frac{1}{4}$ lbs.	Fruit Drinks	27 $\frac{1}{4}$ lbs.
Split Peas	16 lbs.	Dried Fruit	84 $\frac{1}{2}$ lbs.
Preserves	9 $\frac{1}{2}$ lbs.	Liquid Egg	28 lbs.
Fruit	169 $\frac{5}{8}$ lbs.	Cereals	5 $\frac{3}{8}$ lbs.
Puddings	62 $\frac{3}{4}$ lbs.	Meat	45 $\frac{3}{4}$ lbs.
		Miscellaneous	19 lbs.

TOTAL:- 5,570 $\frac{1}{4}$  lbs.

Percentage classifications are as follows:-

Home	37.6%	=	2,092 lbs.
Commonwealth	10.8%	=	604 lbs.
Foreign	51.6%	=	2,874 $\frac{1}{4}$ lbs.
	100.0%	=	5,570 $\frac{1}{4}$ lbs.

#### FOREIGN BODIES IN FOOD.

Twenty complaints concerning foreign bodies in food were investigated during the year, and legal proceedings were instituted in respect of four of these. Details are as follows:-

	<u>Fine.</u>	<u>Costs.</u>
1. Pork sausages affected with mould.	£25.0.0d.	-
2. Sour skinless beef sausages.	£25.0.0d.	-
3. Jam containing piece of glass.	£50.0.0d.	£14.0.0d.
4. Screw embedded in chocolate.	£20.0.0d.	£4.7.8d.

FOOD AND DRUGS ACT, 1955.

A total of 57 formal samples and 6 informal samples were taken under the provisions of this Act during the year.

The articles sampled were as follows:-

<u>Formal.</u>		<u>Informal.</u>	
Milk	... 57	Milk	... 5
		Cooked Ham	... 1

All samples were reported as "Genuine".

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I am indebted to Mr. T.H. Evans, Inspector of Weights and Measures, Denbighshire County Council, for the following details of his work in the Borough during the year.

Article.	No. Taken.	Genuine.	Not Genuine, or Sub-Standard.
Milk	54	54	-
Margarine	1	1	-
Lard	1	1	-
Flour	1	1	-
Sponge Mixture	1	1	-
Cakes	1	1	-
Baking Powder	1	1	-
Pearl Barley	1	1	-
Sago	1	1	-
Tinned Carrots	1	1	-
Tinned Fish	1	1	-
Tinned Shrimps	1	1	-
Fish Paste	1	1	-
Sausages	1	1	-
Suet	1	1	-
Dried Mint	1	1	-
Vinegar	1	1	-
Christmas Pudding	1	1	-
Coffee	1	1	-
Cocoa	1	1	-
Evaporated Milk	1	1	-
Double Cream	1	1	-
Ice-Cream	3	3	-
Ice-Lollies	2	-	2
Sweets	1	1	-

Article.	No. Taken.	Genuine.	Not Genuine, or Sub-Standard.
Jam	2	1	1
Saccharin Tablets	1	1	-
Whiskey	1	1	-
Port Type Wine	1	1	-
Bi-carbonate of Soda	1	1	-
Infant Carminative	1	1	-
Sweet Spirit of Nitre	1	-	1
Halibut Oil Capsules	1	1	-
Cream of Tartar	1	1	-
Borax	1	1	-
TOTALS.	92	88	4

As will be observed from the above Table, fifty-four samples of milk and thirty-eight samples of other foods and drugs were taken in the Borough of Wrexham during the year. Of these samples all of the milk and thirty-four of the foods and drugs were certified by the Public Analyst to be of good quality and free from all prohibited preservatives and colouring matter. Four of them gave cause for complaint consisting of ice lollies (2), plum jam, and sweet spirit of nitre. The two samples of ice lollies which were from the same manufacturer contained an excess of benzoic acid. The makers were written to and they have given an undertaking that they will cease the use of all benzoic acid in their future production of ice lollies. The sample of plum jam which was the subject of an adverse report of the Public Analyst was an informal sample certified by him to be slightly deficient in fruit content but a formal 'follow-up' sample from the same batch proved to be up to the requirements. The last sample complained of, i.e. sweet spirit of nitre, was taken from a chemist's shop and was certified by the Analyst to be deficient in ethyl nitrite. This is a common complaint with this very volatile drug for, as the quantity left in the stock bottle gets low, the evaporated spirit escapes quickly when the bottle is next unstoppered. I visited the chemist concerned and he willingly agreed to stock this drug in smaller containers in future.

In addition to the milk samples submitted to the Public Analyst during the year, eighty-four samples of milk taken from Schools and Institutions in the Borough of Wrexham were tested in this office by the Inspectors. All of these samples were found to be up to the presumptive standards prescribed by the Sale of Milk Regulations, 1939.

#### DUTIES RELATING TO ICE-CREAM.

There are 139 registered premises for ice-cream including two manufacturers. The shops selling ice-cream are supplied by seven different makers.

During the year the following samples were taken:-

Bacteriological - 26. These were graded as follows by the Public Health Laboratory Service:-

Grade 1	...	23
" 2	...	3
" 3	...	-
" 4	...	-

Twelve samples were submitted to the Public Analyst for chemical analysis, and were found to be up to the required statutory standard.

#### INSPECTION OF MEAT.

The number of animals slaughtered at the Abattoir during the year was 46,249, this being 4,893 less than the previous year. The number of imported lamb carcasses stored at the Abattoir for distribution increased by 4,292 to 26,114.

One can only again express disappointment at the continued lack of support. It gives one little satisfaction to know that many municipal abattoirs are telling the same story. It is illogical to hope that many public abattoirs can avoid being a charge on the rates when faced with the combined throughput of well over 4,000 private slaughterhouses.

	CATTLE EXCLUDING COWS.	COWS.	SHEEP AND LAMBS.	PIGS.	CALVES.
No. Slaughtered.	2,710	655	27,897	14,746	241
No. Inspected.	2,711	655	27,897	14,748	241
<u>DISEASE EXCEPT TUBERCULOSIS AND CYSTICERCOSIS.</u>					
Whole carcasses condemned.	4	11	57	16	14
Carcasses of which some part or organ was condemned.	727	418	644	735	7
% of No. inspected affected with disease other than Tuberculosis and Cysticerci.	26.9%	65.5%	1.3%	5.1%	8.7%
<u>TUBERCULOSIS.</u>					
Whole carcasses condemned.	-	1	-	-	-
Carcasses of which some part or organ was condemned.	14	-	-	289	-
% of No. inspected affected with Tuberculosis.	.5%	.15%	-	1.9%	-
<u>CYSTICERCOSIS.</u>					
Carcasses of which some part or organ was condemned.	8	2	-	-	-
Carcasses submitted to treatment by refrigeration.	-	-	-	-	-
Generalised and totally condemned.	-	-	-	-	-

Ø This figure includes dressed carcasses and imported meat brought into the Abattoir.

Total weight of meat condemned during the year:-

18 tons 3 cwt. 2 qrs. 7 lbs.

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ABATTOIR      REVENUE      ACCOUNT.

YEAR ENDED 31st MARCH, 1962.

EXPENDITURE.

	£.	s.	d.
<u>Premises and Paddocks -</u>			
Electricity, Fuel and Water	1,492	12	1
Rates, Taxes, Tithe and Insurance	827	7	1
Maintenance and Repairs	545	9	5
Painting	382	10	3
Removal of Manure, Inedible Offals and			
Ashes and Emptying Settling Tank	314	7	6
Chemicals, Cleaning Requisites and Laundry	99	2	10
Wages	1,968	5	11
Equipment	343	3	-
Provision of Drinking Troughs	89	15	1
Protective Clothing	23	8	7
Repairs to Concrete Road	7	1	6
New Gut Cleansing Room	168	9	6
Purchase of Hand Operated Pig Hoist	97	-	-
Cultivation and Tree Planting	62	11	4
Improved Lighting - Revenue Contribution	41	13	4
<u>Cold Store -</u>			
Electricity, Water and Refrigerant	41	3	-
Insurance	52	9	11
Maintenance and Repairs	173	5	11
Chemicals, Cleaning Requisites and Laundry	1	13	7
Wages	147	15	-
Installation of Electricity Meters	22	15	1
<u>General Expenses -</u>			
Printing, Stationery, Advertisements,			
Telephone etc.	61	11	9
Payments for Condemned Carcases Retained	62	12	6
Salaries, Superannuation and Insurance	1,322	13	6
<u>Loan Charges -</u>			
Interest	922	7	3
Principal	2,016	9	4
Debt Management	8	17	6
	<u>£11,296</u>	<u>11</u>	<u>9</u>



ABATTOIR      REVENUE      ACCOUNT.

YEAR ENDED 31st MARCH, 1962.

INCOME.

	£.	s.	d.	£.	s.	d.
Tolls	5,865	10	11			
Sale of Manure	92	17	6			
Rent of Offices	240	10	-			
Rent of Refrigerator Space	40	-	-			
Sale of Condemned Meat and Offal	108	7	5			
Wayleave (Hughes Bros.)		4	4			
Parking Fee - F.M.C.	26	-	-			
Cold Store Charges	650	10	7			
Cold Store - Rent & Rates - F.M.C.	1,550	11	-			
Van Washing		17	-			
Insurance - Cold Store	40	19	1			
Electricity Charges - Recovered	132	3	7	8,748	11	5
Balance borne by Rate Fund				2,548	-	4
				<u>£11,296</u>	<u>11</u>	<u>9</u>

APPENDIX TO THE ANNUAL REPORT RELATING TO  
THE ADMINISTRATION OF THE FACTORIES ACTS, 1937/1959.

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Part 1 of the Act.

1. INSPECTIONS relating to provisions for health made by the Public Health Inspectors during 1962.

	No. on Register.	NUMBER OF		
		Inspections.	Written Notices.	Occupiers Prosecuted.
(i) Factories where Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities.	50	39	1	-
(ii) Factories not included above where Section 7 is to be enforced by the local authority	188	23	1	-
(iii) Other premises where Section 7 is to be enforced by the local authority.	-	-	-	-

2. Cases in which DEFECTS were found.

	No. of cases with defects found.				
	Found.	Remedied.	Referred		Prosecuted.
			To H.M. Inspector.	By H.M. Inspector.	
Sanitary conveniences (Section 7):					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	2	2	-	2	-
(c) Not separate for the sexes.	-	-	-	-	-
Total defects under Part 1 of the Act.	2	2	-	2	-

Part VIII of the Act. Outwork (Sections 110 and 111).

Nature of Work.	<u>S e c t i o n 110.</u>		
	No. of out-workers in August list as required by Sect. 110 (1) (c)	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.
Wearing apparel: making etc.	1	-	-
Curtains and furniture hangings.	2	-	-
Furniture and upholstery.	1	-	-
Total.	4	-	-

No instances relating to Section 111 (unwholesome premises) were known.





WELSH BOARD OF HEALTH.  
RECEIVED

17 JUL 1963

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